MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

10 595 348 APPLICANT(S) FILING DATE

CLAIMS

) 10 10 10 10 10 10 10 10 10 10 10 10 10	IND.	DEP.	IND.	DEP.	IND.	DEP.
0 1 2 3 3 4 5 5 6 7 7 8						
) 1						
)						
D						
1						
3				 		
				1		<u> </u>
3						
				<u> </u>		
		i				
7 3 3 1 2 3 4 5 5 7						
1 2 3 4 5 6 7				ļ <u>.</u>		<u> </u>
1 2 3 4 5 6 7				 		ļ
2 3 4 5 6 7				 		
; ; ;			,			
\$ 5 6 7 8		_		î,		
5 5 7 8		ļ <u> </u>		 		-
5 7 3	-					
7 3		 		- 5		1
3		 				
				N.		
9						
0					ļ	<u> </u>
			i			
2		<u> </u> :	- 3			
3 4				 	 	
		-	 	 	1	1
5 6		 	 	 	1	
7				 	1	1
8	·····	1	l	1	1	1
9			1	1		
		Ĭ	<u> </u>			
1						
2			.		1	
3		ļ	<u> </u>	 	1	↓
4		<u> </u>	! —	<u> </u>		
5		!	!		 	
5			 	+	1	1
7		 	 	+		
9	ļ 	 	1	+	 	
0		 	 	+	1	-
ΓAL		 _	1	+ =	1	+ =
D.		■ ■	4	■	L	」 ➡
AL P.		-	20	_		_
		-	1	 _	1-	
AL MS			RE		1	1